PTO/SEAS (12-04)

Approved for use through 7/31/2004; CHIB 08/003

Under the Paperwork Reduction Act of 1995, no pareons are required to respond to a collection of information unless It displays a vaid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or booked Humber 10/8/362-7 Substitute for Form PTO-876 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY FOR HUMBER FILED NUMBER EXTRA RATE (1) BASIC FEE FEE A RATE (1) NA (37 OFA 1.16(a), (b), or (c)) NA NA 150.00 SEARCH FEE N/A 300.00 · N/A (37 CFR 1 16(H, 1), or (m)) NA NA \$250 EXAMINATION FEE N/A \$500 . 1 (3) CFR. 1.18(d. 6) or (a) NÀ ANA NA \$100 NIA TOTAL CLAHE \$200 (3) CER 1.16(8) White 20 a X\$ 25. .; X\$50 INDEPENDENT CLAIMS OR (37 CFR 1.16(N) X100 minus 3. e X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE (37 CFR 1.16(4)) ts \$250 (\$125 for small entity) for each additional 60 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= +360× * Kithe difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) OTHER THAN (Catumn 3) SMALL ENTITY OR CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (1) AFTER ADDI-PREVIOUSLY RATE (1) EXTRA ADOI-MENOMENT TIONAL 召 PAID FOR FEE (4) Total Minus of craince FEE (1) X\$ 25 X\$50 Independent (37 CFR 1.16/1) OR Minus. 2 X100 X200 Application Size Fee (37 CFR 1.16(s)) ÒR FIRST PRESENTATION OF MATIPLE DEPENDENT CLAIM (1) CFR 1.100) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING HIGHEST ത NUMBER PRESENT RATE (1) ADON-**METER** RATE (1) PREYIOUSLY EXTRA TIONAL FEE (1) AMENOMENT. ADDI-PAID FOR TIONAL Total or critical Minus FEE (1) X\$ 25 AMENDA X\$50 Independent profesions OR Minus = X100 X200 Application Size Fee (37 CFR 1.16(6)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.140) +180= +360± OR TOTAL. TOTAL "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

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The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box Incolumn 1.

This collection of information is required by 87 CFR 1.16. The information is required to obtain to retain, a benefit by the pulpho which is to life (and by the including pathering, and sundisting the completed space of the uspection of the uspection is estimated to take 12 minutes to complete including gathering, preparing, and sundisting the completed application form to the USPTO. Three was very depending upon the individual case. Any comments on the emount of three you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Depending of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADD'L FEE OR

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.